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CONFIRMATION NO. 6133

<b>SERIAL NUMBER</b> 10/649,214	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 5074A-000001/COB
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/873,604 06/04/2001 PAT 6,636,757 *PS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

(NONE) *PS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Deborah</i> Examiner's Signature	<i>PS</i> Initials			

**ADDRESS**

27572

**TITLE**

Method and apparatus for electromagnetic navigation of a surgical probe near a metal object

<b>FILING FEE RECEIVED</b> 1374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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